

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 10/583561	FILING DATE						
						APPLICANT(S)							
CLAIMS													
	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT			AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					51							
2		/				52							
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49						99							
50						100							
TOTAL IND.	/	↓		↓		TOTAL IND.		↓		↓		↓	
TOTAL DEP.	4	←		←		TOTAL DEP.		←		←		←	
TOTAL CLAIMS	5	████████		████████		TOTAL CLAIMS		████████		████████		████████	